SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:22

DOCUMENT # **H33345** **(0)**

1. Corporation Name
THERAKOS, INC.

Principal Place of Business	Mailing Address
201 BRANDYWINE PKWY. W. CHESTER PA 19380	201 BRANDYWINE PKWY. W. CHESTER PA 19380

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1984	03/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **22-2575957** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has activity for intrastate tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	1 1 TITLE	VD	☐ Change ☑ Addition
NAME	~~DEARSTYNE, WILLIAM D.~~	1 2 NAME	~~Mr~~ Walder, H. M.	
STREET ADDRESS	~~ONE JOHNSON & JOHNSON PLAZA~~ Delete	1 3 STREET ADDRESS	10 Long Drive	
CITY - ST - ZIP	~~NEW BRUNSWICK NJ~~	1 4 CITY - ST - ZIP	Downingtown, PA 19335	
TITLE	PD	2 1 TITLE	S (Assistant)	☐ Change ☑ Addition
NAME	MACLEAN, J. S.	2 2 NAME	Berman, S. P.	
STREET ADDRESS	5 WATERCROFT CIRCLE	2 3 STREET ADDRESS	One Johnson & Johnson Plaza	
CITY - ST - ZIP	DOWNINGTOWN PA	2 4 CITY - ST - ZIP	New Brunswick NJ 08933	
TITLE	~~VD~~	3 1 TITLE	S (Assistant)	☐ Change ☑ Addition
NAME	~~HUFF, H. G.~~	3 2 NAME	Palo, R. A.	
STREET ADDRESS	~~514 NORTHFIELD ROAD~~ Delete	3 3 STREET ADDRESS	One Johnson & Johnson Plaza	
CITY - ST - ZIP	~~DEVON PA~~	3 4 CITY - ST - ZIP	New Brunswick, NJ 08933	
TITLE	~~SM~~	4 1 TITLE	S (Assistant)	☐ Change ☑ Addition
NAME	MCCULLEY, M.B.	4 2 NAME	Stark, M.	
STREET ADDRESS	ONE JOHNSON &JOHNSON PLZ	4 3 STREET ADDRESS	One Johnson & Johnson Plaza	
CITY - ST - ZIP	NEW BRUNSWICK, NJ.	4 4 CITY - ST - ZIP	New Brunswick, NJ 08933	
TITLE	TD	5 1 TITLE	S ~~Assistant~~	☑ Change ☐ Addition
NAME	CAMPI, W P	5 2 NAME	McCulley, M. B.	
STREET ADDRESS	430 OAK LANE	5 3 STREET ADDRESS	One Johnson & Johnson Plaza	
CITY - ST - ZIP	MOYLAN PA	5 4 CITY - ST - ZIP	New Brunswick, NJ 08933	
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY - ST - ZIP		6 4 CITY - ST - ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. P. Campi W P Campi 6/16/95 (610) 344-3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179283 FN